

Medicaid Eligibility

For an application form, contact your local county DHS office or call 1-800-482-8988.

Aged, Blind and Disabled Categories (AABD)

Program	Income Limit		Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
	Individual	Couple					
SSI DHS does not determine eligibility for this category. Individuals who qualify for SSI automatically receive Medicaid.	\$750	\$1,125	\$20 General exclusion applied to unearned income first \$65.00 + ½ of remainder of monthly earned income.	Individual \$2000 Couple \$3000	<ul style="list-style-type: none"> A home 1 car excluded A 2nd car can be excluded if it is essential to the means of self-support of the individual or couple. Some non-home income producing properties Life insurance without a cash surrender value Burial spaces Irrevocable burial arrangements Personal effects (ex. antiques) 	<ul style="list-style-type: none"> Cash on hand and in bank (less income received that month) Stocks and bonds Real property other than the home Personal property (ex. non-excludable car, trailers, boats, etc.) Life insurance with a cash surrender value if face value is over \$1500 Revocable burial funds (less \$1500 exclusion per spouse if \$1500 exclusion is not used through application of other burial arrangements) 	<ul style="list-style-type: none"> Elderly, blind or disabled. Elderly is defined as age 65 or older SSI recipient
AABD Adult Spend Down	\$108.33 If income exceeds limit, deduct medical bills	\$216.66 If income exceeds limit, deduct medical bills	Same as SSI	Same as SSI	Same as SSI	Same as SSI	<ul style="list-style-type: none"> Must re-enroll for spend down every three months. The Spend Down will be set up for a fixed period of time, not to exceed 3 months.
Pickle (COLA)	\$750	\$1,125	Same as SSI Deduct all COLAs received since loss of SSI	Individual \$2000 Couple \$3000	Same as SSI	Same as SSI	<ul style="list-style-type: none"> Current recipient of SSA Previously entitled to SSA and SSI concurrently Lost SSI for any reason and would be SSI eligible with deductions of all COLAs received since loss of SSI
Disabled Adult Child (DAC)	\$750	\$1,125	Same as SSI Deduct DAC entitlement or increase that made them SSI ineligible	Individual \$2000 Couple \$3000	Same as SSI	Same as SSI	<ul style="list-style-type: none"> Age 18 or older Became disabled or blind before age 22 Lost SSI due to DAC entitlement or DAC increase
Widows or Widowers (OBRA '87)	\$750	\$1,125	Same as SSI Deduct all SSA income	Individual \$2000 Couple \$3000	Same as SSI	Same as SSI	<ul style="list-style-type: none"> Under age 65 as of 4/1/88 Not entitled to Medicare Lost SSI due to entitlement of SSA Widows/Widowers benefits

Program	Income Limit		Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
	Individual	Couple					
Long Term Services & Supports, Assisted Living, ARChoices & DDS Waiver	\$2,250 (All applicants are treated as individuals for income purposes)		Income of spouse and children not counted.	Individual \$2000 Couple \$3000	Same as SSI, except when one spouse is institutionalized, the other may be able to keep a portion of the resources up to \$120,900 based on a formula.	Same as SSI	<ul style="list-style-type: none"> Functional eligibility Categorical eligibility Institutional status Cost effective Level of Care assessment
Medicare Savings Beneficiaries ARSeniors (Provides Full Medicaid) QMB (Pays Part B premiums, deductibles & copays) SMB (Pays Part B premium) QI-1 (Pays Part B premium)	\$804.00	\$1082.66	Same as SSI	Individual \$7,560 Couple \$11,340	Same as SSI	Same as SSI	<ul style="list-style-type: none"> Medicare beneficiary Age 65 or older, blind or disabled ARSeniors is only for individuals age 65 or older
PACE	\$2,250 (All applicants are treated as individuals for income purposes)		Income of spouse and children not counted.	Individual \$2000 Couple \$3000	Same as SSI, except when one spouse is institutionalized, the other may be able to keep a portion of the resources up to \$120,900 based on a formula.	Same as SSI	<ul style="list-style-type: none"> 55 years old or older Live in PACE area Functional eligibility Cost of care contribution
Workers with Disabilities	No earned income limit. Unearned income must be at or under the SSI individual limit. Total income will be used to determine cost sharing amount.		N/A	No Resource Limit	N/A	N/A	<ul style="list-style-type: none"> Meet disability criteria Eligible for SSI except for earned income Working (as defined in policy)
TEFRA	\$2,250 (Only child's income is counted)		N/A	\$2000 (Only child's resources are counted)	Same as SSI	Same as SSI	<ul style="list-style-type: none"> Functional eligibility Children who would otherwise be institutionalized Custodial parents with taxable income at or above the 150% of the FPL or over \$25,000 in annual income, whichever is more, must pay a premium based on income
Autism	\$2,250 (Only child's income is counted)		N/A	\$2000 (Only child's resources are counted)	Same as SSI	Same as SSI	<ul style="list-style-type: none"> Functional eligibility Autism diagnosis Disability determination Age requirement

Quick Reference - Medicaid Eligibility

Family and Individuals Medicaid Categories (MAGI)

Program	Income Limit	Earned Income Deductions	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements																								
ARKids A	142% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$1427.10</td></tr><tr><td>2</td><td>\$1921.73</td></tr><tr><td>3</td><td>\$2416.37</td></tr><tr><td>4</td><td>\$2911.00</td></tr><tr><td>5</td><td>\$3405.63</td></tr></table> Add \$494.63 for each additional member	Family Size	Income	1	\$1427.10	2	\$1921.73	3	\$2416.37	4	\$2911.00	5	\$3405.63	Additional 5% Income Disregard <u>if child has insurance:</u> 147% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$1477.35</td></tr><tr><td>2</td><td>\$1989.40</td></tr><tr><td>3</td><td>\$2501.45</td></tr><tr><td>4</td><td>\$3013.50</td></tr><tr><td>5</td><td>\$3525.55</td></tr></table> Add \$512.05 for each additional member	Family Size	Income	1	\$1477.35	2	\$1989.40	3	\$2501.45	4	\$3013.50	5	\$3525.55	No Resource Limit	N/A	N/A	<ul style="list-style-type: none">Children under age 19Relationship/Living arrangement criteriaEligible for additional 5% Income Disregard if needed for eligibility and child has insurance
Family Size	Income																													
1	\$1427.10																													
2	\$1921.73																													
3	\$2416.37																													
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ARKids B Limited benefit package Co-pays required	211% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$2120.55</td></tr><tr><td>2</td><td>\$2855.53</td></tr><tr><td>3</td><td>\$3590.52</td></tr><tr><td>4</td><td>\$4325.50</td></tr><tr><td>5</td><td>\$5060.48</td></tr></table> Add \$734.98 for each additional member	Family Size	Income	1	\$2120.55	2	\$2855.53	3	\$3590.52	4	\$4325.50	5	\$5060.48	Additional 5% Income Disregard if needed: 216% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$2170.80</td></tr><tr><td>2</td><td>\$2923.19</td></tr><tr><td>3</td><td>\$3675.61</td></tr><tr><td>4</td><td>\$4428.00</td></tr><tr><td>5</td><td>\$5180.39</td></tr></table> Add \$752.39 for each additional member	Family Size	Income	1	\$2170.80	2	\$2923.19	3	\$3675.61	4	\$4428.00	5	\$5180.39	No Resource Limit	N/A	N/A	<ul style="list-style-type: none">Children under age 19Children are not eligible if they currently have or have had group or employer-sponsored health insurance within the past 90 days, unless insurance lost involuntarilyRelationship/Living arrangement criteriaEligible for additional 5% Income Disregard if needed for eligibility
Family Size	Income																													
1	\$2120.55																													
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4	\$4428.00																													
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Limited Pregnant Women (SOBRA)	209% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>2</td><td>\$2828.46</td></tr><tr><td>3</td><td>\$3556.49</td></tr><tr><td>4</td><td>\$4284.50</td></tr><tr><td>5</td><td>\$5012.51</td></tr></table> Add \$728.01 for each additional member	Family Size	Income	2	\$2828.46	3	\$3556.49	4	\$4284.50	5	\$5012.51	Additional 5% Income Disregard if needed: 214% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>2</td><td>\$2896.13</td></tr><tr><td>3</td><td>\$3641.57</td></tr><tr><td>4</td><td>\$4387.00</td></tr><tr><td>5</td><td>\$5132.43</td></tr></table> Add \$745.43 for each additional member	Family Size	Income	2	\$2896.13	3	\$3641.57	4	\$4387.00	5	\$5132.43	No Resource Limit	N/A	N/A	<ul style="list-style-type: none">PregnantPrenatal, delivery, postpartum and medical conditions that could complicate pregnancy only. Coverage ceases at the end of the month that the 60th day of postpartum falls.The number of unborn child(ren) are counted in the family size.				
Family Size	Income																													
2	\$2828.46																													
3	\$3556.49																													
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Full Pregnant Women	<table><tr><th>Family Size</th><th>Income</th></tr><tr><td>2</td><td>\$220.00</td></tr><tr><td>3</td><td>\$276.00</td></tr><tr><td>4</td><td>\$334.00</td></tr><tr><td>5</td><td>\$388.00</td></tr></table>	Family Size	Income	2	\$220.00	3	\$276.00	4	\$334.00	5	\$388.00	No Income Disregards	No Resource Limit	N/A	N/A	<ul style="list-style-type: none">PregnantFull Medicaid coverageNumber of expected babies is included in household size														
Family Size	Income																													
2	\$220.00																													
3	\$276.00																													
4	\$334.00																													
5	\$388.00																													

Program	Income Limit	Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements		
Parents/Caretaker Relatives	Family Size	Income	No Income Disregards	No Resource Limit	N/A	N/A	<ul style="list-style-type: none">• Must be a child under age 18 in the home• Deprivation does not have to exist	
	1	\$124.00						
	2	\$220.00						
	3	\$276.00						
	4	\$334.00						
	5	\$388.00						
	6	\$448.00						
	7	\$505.00						
	8	\$561.00						
9>	\$618.00							
Arkansas Works Program (Adult Expansion Group)	133% of FPL		Additional 5% Income Disregard if needed: 138% of FPL	N/A	N/A	<ul style="list-style-type: none">• Must be between ages 19 - 64• Cannot be pregnant• Not eligible for or enrolled in Medicare• Cannot be eligible for Parent/Caretaker Relative• Eligible for additional 5% Income Disregard if needed for eligibility		
	Family Size	Income					Family Size	Income
	1	\$1336.65					1	\$1386.90
	2	\$1799.93					2	\$1867.60
	3	\$2263.22					3	\$2348.30
	4	\$2726.50					4	\$2829.00
	5	\$3189.78					5	\$3309.70
	Add \$463.28 for each additional member						Add \$480.70 for each additional member	
Former Foster Care	No Income Limit	N/A	No Resource Limit	N/A	N/A	<ul style="list-style-type: none">• Must have aged out of the Arkansas Foster Care Program between the ages of 18 through 21		
<u>NON-MAGI</u> <u>Families</u> Spend Down (a) Pregnant Women (b) Under-18 (U-18) (c) Unemployed Parent (d) AFDC related	Family Size	Income	Deduct \$90 for work related expenses. Deduct actual childcare expenses up to \$200 a month for a child under age 2 or \$175 a month for a child age 2 or older.	Family Size 1 \$2000 2 \$3000 3 \$3100 4 \$3200 Add \$100 for each additional person	<ul style="list-style-type: none">• A home• Household and personal goods• Student loans and grants• Other bona fide loans• One burial plot per family member	<ul style="list-style-type: none">• Cash on hand or in the bank (less income received that month)• Stocks and bonds• Accessible trust funds• Cash surrender value of life insurance policies• U.S. Savings Bonds• Other personal property• Equity value in excess of \$1500 is counted for one car: Full equity value is counted for additional cars	(a) Pregnant Women only (b) Under-18: Children under 18 years only (c) Deprivation due to unemployment of parent (d) Deprivation due to absence, death or disability of parent	
	1	\$108.33						
	2	\$216.66						
	3	\$275.00						
	4	\$333.33						
	Add \$58.33 for each additional member							
	Deduct outstanding medical bills if income exceeds limit for household size							

* This is a brief summary of eligibility requirements. Other factors will also enter into determining your eligibility for a program. Unless otherwise noted, all categories receive "full" Medicaid. Benefit packages are defined by the Department of Human Services, Division of Medical Services. This information was current at the time this summary was prepared but changes may have been made subsequently due to federal regulations, state laws, court decisions or other factors. DHS cannot be bound by any information in this reference chart that conflicts with current policy or program requirements.

Arkansas' complete Medicaid Policy can be found at: <https://ardhs.sharepointsite.net/DHSPolicy/DCOPublishedPolicy/Forms/MedicalServices.aspx>
 Additional information is available at: <http://www.medicaid.state.ar.us/>